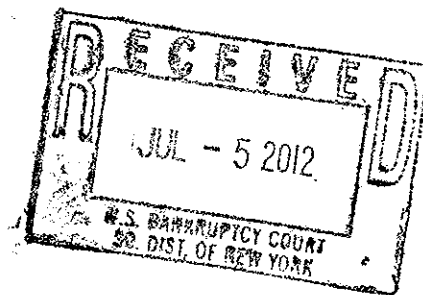


So whom it may concern

Juanita Pickett



DICKSTEINSHAPIRO_{LLP}

1633 Broadway | New York, NY 10019-6708
TEL (212) 277-6500 | FAX (212) 277-6501 | dicksteinshapiro.com

March 26, 2012

**CONFIDENTIAL
SUBJECT TO RULE 408
FOR SETTLEMENT PURPOSES ONLY**

Via 1st Class Regular Mail

Juanita Pickett
P.O. Box 1181
Mableton, GA 30126

Re: Claims No. 18839 and 70846, Motors Liquidation Company GUC Trust (Case # 09-50026)

Dear Ms. Pickett,

This letter was returned to us by the postal service. We are enclosing it again in hopes that you receive it. Please contact us when you do. If we do not hear back from you by April 6, 2012, we will formally proceed with contesting your claim.

Sincerely,

Stefanie J. Greer / AMC

Stefanie J. Greer

Enclosures

DICKSTEINSHAPIRO_{LLP}

1633 Broadway | New York, NY 10019-6708
TEL (212) 277-6500 | FAX (212) 277-6501 | dicksteinshapiro.com

February 29, 2012

**CONFIDENTIAL
SUBJECT TO RULE 408
FOR SETTLEMENT PURPOSES ONLY**

Via Overnight Delivery

Juanita Pickett
P.O. Box 1181
Mableton, GA 30126

Re: Claims No. 18839 and 70846, Motors Liquidation Company GUC Trust (Case # 09-50026)

Dear Ms. Pickett,

As you know, we represent Motors Liquidation Company GUC Trust (the "GUC Trust"), the successor to Motors Liquidation Company (formerly known as General Motors Corporation) in the above mentioned bankruptcy proceeding. Enclosed is the agreement reflecting our conversation on February 23, 2012, during which we spoke about settling your claims (Claim Nos. 18839 and 70400) against Motors Liquidation Company and certain of its affiliate debtors.

If you sign the settlement agreement, you will receive your pro-rata share of New GM stock and warrants on account of a \$50,000 unsecured claim (your "Allowed Claim") in full and final satisfaction of all of your claims against Motors Liquidation Company. Accepting this Allowed Claim, which will require you to sign the enclosed settlement agreement with the GUC Trust, will resolve all of your outstanding issues with Motors Liquidation Company and the GUC Trust. In agreeing to this settlement, you will be receiving the same treatment provided to all other general unsecured creditors in these chapter 11 cases. I have enclosed a fact sheet entitled "Frequently Asked Questions" which explains in further detail how this works.

If you do not agree to the settlement, the GUC Trust will proceed with litigating your claim. In the meantime, as discussed, we have postponed the March 1, 2012 hearing date related to the GUC Trust's objection to your claim.

Should you determine to accept this offer, please sign and return the settlement agreement using the enclosed self-addressed stamped envelope before March 15, 2011. In addition to the settlement agreement, please find for your review a Medicare release form enclosed (Exhibit A). To ensure proper reporting to the U.S. Department of Health and Human

DICKSTEINSHAPIRO_{LLP}

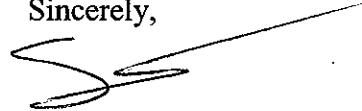
February 29, 2012

Page 2

Services, please fill out the questionnaire and return it together with the signed settlement agreement. Of course, you may consult with an attorney with respect to the enclosed documents.

Thank you for your attention to this matter. Please contact me if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to be 'S. Greer', with a long, sweeping horizontal line extending to the right.

Stefanie J. Greer

Enclosures

PREAMBLE

WHEREAS, the Motors Liquidation Company GUC Trust (the "**GUC Trust**") has offered to settle the claims 18839 and 70846 described below, filed against General Motors Corporation (the "**Claims**"), by giving you (the "**Claimant**") the right to receive General Motors Company ("**New GM**") stock and warrants; and

WHEREAS, more specifically, the GUC Trust hereby offers to settle the Claims for an allowed general unsecured claims in the amount set forth below under the heading "Allowed Amount" (the "**Allowed Claims**"), which will entitle Claimant to a pro rata share of a fund consisting of New GM stock and warrants, subject to the settlement terms below (the "**Settlement**");

<u>Claimant</u>	<u>Date of Filing</u>	<u>Claim Number</u>	<u>Allowed Amount</u>
PICKETT, JUANITA	11/2/2009	18839	\$50,000.00 X
JUANITA PICKETT	2/9/2011	70846	\$0.00

SETTLEMENT TERMS

*\$24,464.60 is?
Not included*

1. The Claimant shall receive distributions on account of the Allowed Amount in the form set forth in and pursuant to the terms of the Second Amended Joint Chapter 11 Plan (the "**Plan**"). Upon receipt of such distributions, the Claims shall be deemed satisfied in full. To the extent that the Settlement covers more than one Claims, the parties hereby stipulate and agree that (i) the aggregate amount of the "Allowed Amounts" has been offered by the GUC Trust and accepted by the Claimants as a global settlement amount for all Claimants, (ii) the Claimants have independently determined how the aggregate of the "Allowed Amounts" has been allocated between them, (iii) the GUC Trust has taken no position with regard to such allocation, and (iv) the consideration offered and accepted as to all Claimants is good, valuable, and adequate.

2. These terms, provisions, and releases contain the entire understanding of the parties with respect to the subject matter hereof and supersede all prior agreements and undertakings between the Parties relating thereto.

3. With respect to the Claims, other than the right to receive distributions on account of the Allowed Claims under the Plan, the Claimant, for himself/herself and on behalf of his/her spouse, heirs, assigns, guardians, estates, wards, successors, executors, administrators, agents, insurers, servants, employees, representatives, trustees and attorneys, hereby releases and irrevocably waives any and all claims (as defined in section 101(5) of the Bankruptcy Code) against, and shall have no further right to payment from, Motors Liquidation Company, the Debtors, the GUC Trust Administrator Parties (as defined in the GUC Trust Agreement), and the GUC Trust, and any of their respective current affiliates, their estates and their respective future successors or assigns, and their past, present and future members, officers, directors, partners, principals, agents, insurers, servants, employees, administrators, executors, trustees and attorneys (collectively, the "**MLC Parties**").

4. **ONLY FOR CALIFORNIA RESIDENTS:** The Claimant hereby acknowledges that he or she has read, is familiar with, and waives the provisions of California Civil Code Section 1542 ("**Section 1542**"), which is set forth below:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM OR HER MUST HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE GUC TRUST.

5. The Debtors' claims agent shall be authorized and empowered to adjust the claims register to reflect the Allowed Claims.

6. Claimant represents and warrants that he or she has an obligation to and will seek dismissal with prejudice of General Motors Corporation and any of the MLC Parties from all lawsuits arising from or related to the Allowed Claims, if any, within thirty (30) days of the date the Claimant signs his or her acceptance of the Settlement Offer, and without costs to any of the MLC Parties.

7. This Settlement comprises claims which are contested and shall not be deemed an admission by the MLC Parties or Claimant as to the merits of any claim or defense. The Parties agree that this Settlement was negotiated in good faith by the Parties and reflects a settlement that was reached voluntarily. The Parties represent and warrant that (i) they are not relying on any statements, understandings, representations, expectations, or agreements other than those expressly set forth herein; (ii) they have been represented and advised by legal counsel, or have had the opportunity to be represented and advised by legal counsel, in connection with this Settlement; (iii) they have made their own investigation of the facts and are relying upon their own knowledge and/or the advice of counsel; and (iv) they knowingly waive any and all claims that this Settlement was induced by any misrepresentation or nondisclosure and knowingly waive any and all rights to rescind or avoid this Settlement based upon presently existing facts, known or unknown. The Parties agree to and stipulate that each party is relying upon these representations and warranties in entering into this Settlement, that these representations and warranties are material inducements to entering into this Settlement, and that these representations and warranties shall survive the execution of this Settlement.

8. Claimant represents and agrees that he/she is solely responsible for and will satisfy any liens related to the Allowed Claims and any and all lawsuits arising from or related to the Allowed Claims, including, but not limited to, Medicare and/or Medicaid liens. Claimant represents and agrees that the MLC Parties shall have no responsibility for any such liens.

9. Claimant represents and agrees that he/she will complete the Medicare Secondary Payer Questionnaire ("**Questionnaire**") attached hereto as "**Exhibit A**" and return the Questionnaire as directed on the Questionnaire within thirty (30) days of the date the Claimant signs his or her acceptance of the Settlement Offer.

10. The Settlement shall be exclusively governed by and construed and enforced in accordance with the laws of the state of New York, without regard to conflicts of law principles thereof. The Court shall retain exclusive jurisdiction over any and all disputes arising out of or otherwise relating to this Settlement.

THE UNDERSIGNED WARRANTS THAT HE OR SHE HAS READ AND UNDERSTANDS THE SETTLEMENT TERMS, HAS HAD THE ADVICE OF COUNSEL OR THE OPPORTUNITY TO OBTAIN SUCH ADVICE IN CONNECTION WITH READING, UNDERSTANDING, AND EXECUTING THIS SETTLEMENT, AND HAS FULL KNOWLEDGE OF THE TERMS, CONDITIONS, AND EFFECTS OF THIS SETTLEMENT

Sign Here: _____
Printed Name: _____
Address: _____
City and State: _____
Date: _____

This is enclosed to Medicare bill

MEDICARE SECONDARY PAYER QUESTIONNAIRE

1. Please provide the full name, including middle initial, of the individual whose injury or injuries is the basis of the settlement:

Last Name, First Name, Middle Initial

2. Is this individual or has this individual ever been enrolled in Medicare Part A or Part B?
(If the answer is "No" to the above, please skip to #10 and #11; if the answer is "Yes," please complete all items. Please sign and return this document to the address indicated below)

3. Please indicate the beneficiary's gender:

☐ Male ☐ Female

4. What is the beneficiary's Medicare Health Insurance Claim Number?

5. What is the beneficiary's Social Security Number?

6. What is the beneficiary's date of birth (MM/DD/YEAR)

7. Please provide the date of incident, or date of first exposure if the injury was caused by toxic exposure (MM/DD/YEAR):

8. Please provide the date of settlement and the amount of the settlement:

Date of settlement: _____

Amount of settlement: _____

9. Please provide a brief description of the injury (include description of major body part injured, e.g. head, arm, leg, etc., and cause of illness/injury). Include all injuries that are claimed or released:

10. If you are represented by an attorney or other individual, please provide his or her name, address, and telephone number: _____

11. Please provide your name, address, and telephone number: _____

Signed by: _____
Print Name Signature

If the injured individual is unable to sign, and this document is being signed on the injured individual's behalf, please identify your relationship to the beneficiary: _____

Please return this document to:

Motors Liquidation Company GUC Trust
C/O Medicare Claims Team
2101 Cedar Springs Road, Suite 1100
Dallas, TX 75201
claims@motorsliquidation.com

This information will be provided solely to the U.S Department of Health & Human Services pursuant to the terms of the confirmation order, dated March 29, 2011, issued by the bankruptcy court in this case

EXHIBIT A

WILMINGTON TRUST COMPANY
as Trust Administrator and Trustee for the
MOTORS LIQUIDATION COMPANY GUC TRUST

Dear Claimant:

We are writing to you to obtain information that we are required to provide to the United States Department of Health & Human Services ("HHS") pursuant to our obligations under Medicare Secondary Payer ("MSP") statute, 42 U.S.C. § 1395y(b)(2), and in accordance with the terms of the confirmation order entered into in this bankruptcy case on March 29, 2011.

The MSP statute requires Medicare to recover conditional payments it makes on behalf of a Medicare beneficiary when the beneficiary later obtains a judgment or settlement from a liability insurer (including self-insurer). Under the MSP statute, the United States may recover its conditional payments through a right of subrogation, or through a direct right of action against any entity, including a beneficiary, a beneficiary's attorney, or a private insurer, which receives payment from a tort settlement. *See* 42 U.S.C. § 1395y(b)(2)(B)(iii)-(iv).

Please fill out the attached questionnaire and return it to us as soon as possible at the address indicated on the document. If the claimant or the individual involved in the incident is or was a Medicare beneficiary, please provide the required information. If more than one of the individuals involved in the settlement is or was a Medicare beneficiary, please fill out separate copies of the document for each Medicare beneficiary. If the claimant or the individual involved in the incident is not a Medicare beneficiary, please check the appropriate box and return the document to us. You may also contact the Trust at 1-800-414-9607 or by e-mail at claims@motorsliquidation.com with questions about this matter.

Sincerely,

WILMINGTON TRUST COMPANY, as Trust Administrator and Trustee of the Motors
Liquidation Company GUC Trust

Cause of Action ⁵	New York SOL ⁶	Michigan SOL ⁷	Georgia SOL ⁸
Personal Injury	3 Years (expired 6/07)	3 Years (expired 6/07)	2 Years (expired 6/06)
Injury to Property	3 Years (expired 6/07)	3 Years (expired 6/07)	4 Years (expired 6/08)
Breach of Implied Warranty of Merchantability	4 Years (expired 6/08)	4 Years (expired 6/08)	4 Years (expired 6/08)
Products Liability	N/A	3 Years (expired 6/07)	N/A

14. Based on the foregoing, it is clear Ms. Pickett failed to file any claims against the Debtors in connection with the Accident prior to expiration of any of the applicable statutes of limitations. She is thus precluded from doing so now. To be sure, the claims process does not revive claims extinguished prior to bankruptcy. *See, e.g., LTV Steel Co., Inc. v. Shalala (In re Chateaugay Corp.)*, 53 F.3d 478, 497 (2d Cir. 1995) (“A claim exists only if before the filing of the bankruptcy petition, the relationship between the debtor and the creditor contained all of the elements necessary to give rise to a legal obligation—‘a right to payment’—under the relevant non-bankruptcy law.”) (citation omitted). Accordingly, Ms. Pickett does not have a prepetition right to payment against the Debtors and the Claims should thus be disallowed and expunged.

⁵ Each of the 3 applicable states has a 4 year statute of limitation for actions based on breach of the implied warranty of merchantability (“breach of contract”). *See* Ga. Code Ann. § 11-2-725(1); N.Y. U.C.C. § 2-725(1); Mich. Comp. Laws Ann. § 440.2725(1). Otherwise, the limitation period in each state, regardless of the specific cause of action (unless otherwise specified in the state’s code or rules), is determined by the type of damage the plaintiff seeks recovery for, rather than the legal claim asserted. For example, the New York Civil Practice Laws and Rules, without specifying any particular cause of action, sets a 3 year limitation period for, “an action to recover damages for an injury to property.” N.Y. C.P.L.R. § 214(4).

⁶ *See* N.Y. C.P.L.R. § 214(4)-(5); *see also* N.Y. U.C.C. § 2-725(1).

⁷ *See* Mich. Comp. Laws Ann. §§ 600.5805(10) & (13); *see also* Mich. Comp. Laws Ann. § 440.2725(1).

⁸ *See* Ga. Code Ann. § 9-3-33; *see also* Ga. Code Ann. §§ 9-3-31; Ga. Code Ann. § 11-2-725(1).

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
Pg 11 of 37
MONGE & ASSOCIATES

Telephone: 404.870.8503

Facsimile: 404.870.8502

1856 Independence Square
Suite D
Atlanta, Georgia 30338

February 11, 2005

Optimum Health
Medical Records Request
2855 Hwy. 317, Suite 760-318
Suwanee, Georgia 30024
678.546.0550

Re: Patient/Client : Juanita Pickett
Date of Birth: 05/16/34
Social Security No.: 369-36-4803
Treatment Date: June 22, 2004 to present

30-DAY HIPAA REQUEST FOR COPIES OF MEDICAL RECORDS

Dear Sir or Madam,

Please be advised it is crucial to our legal representation on behalf of this patient/client that we receive complete medical records for the specified dates of treatment.

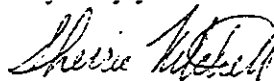
Pursuant to HIPAA regulations, you "must act on a request for access no later than 30 days after receipt of the request . . ." If you are unable to act within this time period, the regulations allow an extension of time provided that, within the initial thirty days, you provide us with a written statement of the reasons for the delay and the date by which you will complete action on the request. See, 45 CFR 164.524(b)(2)(i).

Please also note that, pursuant to O.C.G.A. §31-33-3, a charge of up to \$23.84 may be collected for search, retrieval and other administrative costs related to compliance with a medical records request. Copying costs shall not exceed \$.89 per page for the first 20 pages of the patient's records; \$.77 per page for pages 21-100; and \$.60 for each page copied in excess of 100 pages. The actual cost of postage incurred in mailing the requested records may also be charged.

A HIPAA Compliant Medical Authorization signed by this patient directing your office to provide copies of the requested records has been enclosed to expedite this request.

Your anticipated cooperation remains very much appreciated. With kindest regards, I am,

Very truly yours,



Sherrie Mitchell

Legal Assistant to Marc Grawert

MG/sa

cc: Ms. Pickett

Enclosure: Medical Authorization

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
MONGE & ASSOCIATES
Telephone: 404.870.8503
Facsimile: 404.870.8502

1858 Independence Square
Suite D
Atlanta, Georgia 30338

February 11, 2005

VIA FACSIMILE 313.665.0911 AND
CERTIFIED MAIL - RETURN RECEIPT

ESIS /GM Central Claims Unit
Claims Dept., Ms. Tanya Morris
P.O. Box 300
Mail Code 482 CLE DT
Detroit, Michigan 48265-3000
1.800.888.0164

1888 327-4236

10225411

Joel Coburn

Re: Demand for Pre-Suit Disclosure of Insurance Limits

Your Insured: General Motors Corporation
Claim No. 484196
Our Client: Juanita Pickett
Date of Loss: June 22, 2004

Dear Ms. Morris,

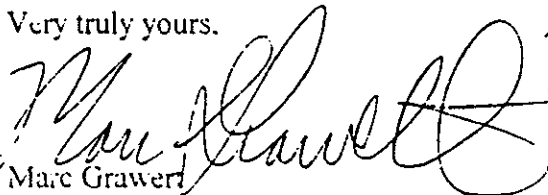
Please be advised that our office has been retained to provide legal representation on behalf of the referenced client concerning personal injuries incurred as a result of vehicle rollover.

Pursuant to O.C.G.A. §33-3-28A, you are required to provide us with the following policies covering your insured: motor vehicle liability policy coverages, name of each insured and the limits of coverage and all other policies or coverage available. Copies of the Declaration Pages of all policies which may provide coverage with regard to this incident may be substituted for the specific information requested above.

Please do not attempt to speak with our client with regard to the facts surrounding this accident, emergency medical treatment sought or follow up therapy.

I will look forward to working with you on this matter. With kindest regards, I remain,

Very truly yours,


Marc Grawert

cc: Ms. Pickett
MG/sa

Resarce

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
MONGE & ASSOCIATES
Telephone: 678.579.0203
Facsimile: 678.579.0204

1858 Independence Square
Suite D
Atlanta, Georgia 30338

October 27, 2005

Ms. Juanita Pickett
3136 Justice Mill Court
Lawrenceville, Georgia 30044

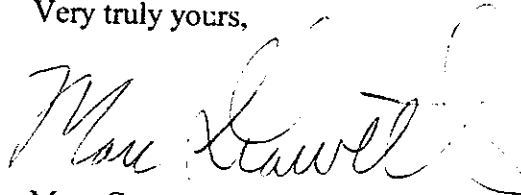
Dear Ms. Pickett,

Please contact me on your receipt of this correspondence to discuss a recent settlement offer made on your pending personal injury case.

I look forward to hearing from you soon.

With kindest regards, I remain,

Very truly yours,

A handwritten signature in cursive script, appearing to read "Marc Grawert".

Marc Grawert

MG/sam .

July 19, 2005

Ms. Juanita Pickett
3136 Justice Mill Court
Lawrenceville, Georgia 30044

Dear Ms. Pickett,

I just wanted to let you know that our office is in the process of compiling a settlement package which we will send to the appropriate insurance company.

I anticipate that we should receive a response from the insurance company within the next few months. As soon as we receive a response from the appropriate insurer I will contact you to discuss the same in greater detail. If you have any questions please feel welcome to contact me anytime.

With kindest regards, I remain,

Very truly yours,


Marc Grawert

MG/st

1770 5551212
D Wmmt Hospital
678 312 4321
1850 -
2-5 day



EG 939261810 US



Mailing Label
Label 11-B March 2004

UNITED STATES POSTAL SERVICE® Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct No ☐ **WAVES OF SIGNATURE (Domestic Mail Only)**
Additional merchandise insurance is void if customer requests waiver of signature.
Insured delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and 1. Insured delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and 1. Insured delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and 1.

NO DELIVERY
☐ Weekend ☐ Holiday ☐ Mailer Signature

TO (PLEASE PRINT) PHONE 1

The Garber City Group
Att. Motor Liquidation Co.
PO Box 9386
Chicago, IL 60617
430174286

ZIP + 4 (U.S. ADDRESS ONLY DO NOT USE FOR FOREIGN POSTAL CODES)
+
FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW

PRESS HARD YOU ARE MAKING 3 COPIES

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	48010	Day of Delivery	Next <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage	\$ 18.15
Date Accepted	27 11	Scheduled Date of Delivery		Return Receipt Fee	
Mo Day Year		Month Day		COD Fee	
Time Accepted	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Scheduled Time of Delivery	1st Noon <input checked="" type="checkbox"/> 3 PM <input type="checkbox"/>	Insurance Fee	
Flat Rate <input type="checkbox"/> or Weight	2.44 YPM			Total Postage & Fees	\$
lbs ozs	3	Int'l Alpha Country Code		Acceptance Initials	77

FROM (PLEASE PRINT) PHONE 1

Juanita Dietrich
PO Box 1181
Mableton Ga
30126

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811



P.O. BOX 1190
 LAWRENCEVILLE, GEORGIA 30046
 678-442-5600

PATIENT QUANTA PICKETT	TYPE CLASS M	SERVICE 05/07/05	THROUGH 05/31/05	70 Y	PAGE 1	STMT. DATE 07/26/05
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RESPONSIBLE PARTY

QUANTA PICKETT
 3136 JUSTICE MILL CT
 LAWRENCEVILLE, GA 30044

ADMIT DATE 05/07/05	DISCHARGE DATE 05/31/05
STAY 0	ACCOUNT NO. 14211252-01
GUARANTOR NO. 340344903	AMOUNT PAID \$
HISTORY NO. 744917	

ITEMIZED STATEMENT

PATIENT QUANTA PICKETT	ACCOUNT NO. 14211252-01	SERVICE 05/07/05	THROUGH 05/31/05	PAGE 1
----------------------------------	----------------------------	---------------------	---------------------	-----------

DATE	ITEM#	HCP/CS	DESCRIPTION	QTY	AMOUNT
05/07	584432	97530-GN	THERAPEUTIC ACTIVITIES-OT/15	1	53.00
05/07	584434	97035-GN	ULTRASOUND-OT/15	1	42.00
05/14	584434	97035-GN	ULTRASOUND-OT/15	2	84.00
	**430		OCCUPATIONAL THERAPY		179.00
			TOTAL CHARGES		179.00
06/30	1831		MEDICARE-P/C PAYMENT		54.32-
			TOTAL PAYMENTS		54.32-
06/30	5161		COTHS	13.58	.00
06/30	5162		MEDICARE CONT W/O		111.05-
			TOTAL ADJUSTMENTS		111.05-
			*** TOTAL		13.58

- PLEASE KEEP THIS ITEMIZED BILL FOR YOUR INCOME TAX AND OTHER RECORDS, THIS IS THE ONLY ITEMIZED BILL YOU WILL RECEIVE.
- YOU ARE RESPONSIBLE FOR PAYMENT OF YOUR BILL, IF NOT PAID BY YOUR INSURANCE COMPANY.
- FEES FOR PHYSICIAN'S PROFESSIONAL SERVICES WILL BE BILLED DIRECTLY BY THE PHYSICIANS.

DICKSTEINSHAPIRO_{LLP}

1633 Broadway | New York, NY 10019-6708
TEL (212) 277-6500 | FAX (212) 277-6501 | dicksteinshapiro.com

June 6, 2012

Via First Class Mail

Juanita Pickett
P.O. Box 1181
Mableton, GA 30126

Re: Motors Liquidation Company, et al. - Case No. 09-50026-reg
Claim Nos. 18839 and 70846

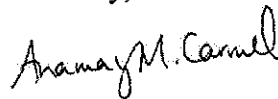
Dear Ms. Pickett:

This letter is to reiterate that, as we have told you on ~~numerous~~ occasions, the order expunging your claims (Claim Nos. 18839 and 70846) was entered by the Bankruptcy Court on June 5, 2012. Your time to appeal the order expires on **Tuesday June 19, 2012**. I have enclosed the order for your reference.

I would like to remind you again that the Pro Se Office at the U.S. District Court of the Southern District of New York is a valuable resource in assisting litigants who proceed in federal court without the assistance of counsel. The contact information for the Pro Se Office is (212) 805-0175. You may also submit your questions by writing to the Pro Se Office at:

**United States District Court of the Southern District of New York
Pro Se Office
Daniel Patrick Moynihan United States Courthouse
500 Pearl Street, Room 230
New York, New York 10007**

Sincerely,



Anamay M. Carmel

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X	
In re	:
MOTORS LIQUIDATION COMPANY <i>et al.</i> ,	:
f/k/a General Motors Corp., <i>et al.</i>	:
	:
Debtors.	:
	:
-----X	

Chapter 11 Case No.
09-50026 (REG)

(Jointly Administered)

**ORDER GRANTING OBJECTION TO PROOFS OF
CLAIM NOS. 18839 AND 70846 FILED BY JUANITA PICKETT**

Upon the Objection to Proof of Claim Number 18839 and Administrative Claim Number 70846 (the “**Claims**”) dated April 12, 2012 (the “**Objection**”) (ECF. No. 11585), of the Motors Liquidation Company GUC Trust (the “**GUC Trust**”), formed by the above-captioned debtors (collectively, the “**Debtors**”) in connection with the Debtors’ Second Amended Joint Chapter 11 Plan, dated March 18, 2011 (as may be amended, supplemented, or modified from time to time, the “**Plan**”), pursuant to section 502(b) of title 11, United States Code (the “**Bankruptcy Code**”), seeking entry of an order disallowing and expunging the Claims on the basis that such claims are time-barred by any applicable statutes of limitations, as more fully described in the Objection; and due and proper notice of the Objection having been provided, and it appearing that no other or further notice need be provided; and the Court at the hearing on the Objection on May 15, 2012 (the “**Hearing**”) having found and determined that the relief sought in the Objection is in the best interests of the Debtors, their estates, creditors, and all parties in interest and that the legal and factual bases set forth in the Objection establish just cause for the relief granted herein; and upon the record, including findings of fact and conclusions of law set forth by this Court at the Hearing; and after due deliberation and sufficient cause appearing therefor, it is



7016757




UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		ADMINISTRATIVE PROOF OF CLAIM
<p>Name of Debtor (Check only one)</p> <p><input type="checkbox"/> Motors Liquidation Company (f/k/a General Motors Corporation) 09-50026 (REG)</p> <p><input type="checkbox"/> MLCS, LLC (f/k/a Saturn, LLC) 09-50027 (REG)</p> <p><input type="checkbox"/> MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation) 09-50028 (REG)</p> <p><input type="checkbox"/> MLC of Harlem, Inc (f/k/a Chevrolet-Saturn of Harlem, Inc) 09-13558 (REG)</p> <p><input type="checkbox"/> Remediation and Liability Management Company, Inc (subsidiary of General Motors Corporation) 09-50029 (REG)</p> <p><input type="checkbox"/> Environmental Corporate Remediation Company, Inc (subsidiary of General Motors Corporation) 09-50030 (REG)</p>		 ADMINISTRATIVE CLAIM FILED - 70846 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP SDNY # 09-50026 (REG)
<p>The deadline for each person or entity (including, without limitation, individuals, partnerships, corporations, joint ventures, governmental entities, and trusts) to file a proof of claim for certain administrative expenses against the Debtors is (i) on or before February 14, 2011 at 5 00 p m (Eastern Time), with respect to administrative expenses arising between June 1, 2009 and January 31, 2011, and (ii) the date that is thirty (30) days after the Effective Date at 5 00 p m (Eastern Time), with respect to administrative expenses arising between February 1, 2011 and the Effective Date.</p>		
<p>Name of Creditor (The person or other entity to whom the debtor owes money or property) JUANITA PICKETT</p>	<p><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars</p> <p><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case</p> <p><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court</p>	
<p>Name and address where notices should be sent JUANITA PICKETT 1105 E 121st St Brooklyn, NY 11236 30126</p> <p>Telephone Number 678-913-7114</p>	<p>Last four digits of account or other number by which creditor identifies debtor 1592123 18839</p> <p>Check here <input type="checkbox"/> replaces a previously filed claim, dated 11-2-2009 if this claim <input type="checkbox"/> amends</p>	
<p>1. Basis for Claim</p> <p><input type="checkbox"/> Goods sold</p> <p><input type="checkbox"/> Services performed</p> <p><input type="checkbox"/> Money loaned</p> <p><input checked="" type="checkbox"/> Personal injury/wrongful death</p> <p><input checked="" type="checkbox"/> Taxes</p> <p><input checked="" type="checkbox"/> Other Car per tonner in both hand</p> <p><input type="checkbox"/> Retroe benefits as defined in 11 U.S.C. § 1114(a)</p> <p><input type="checkbox"/> Wages, salaries, and compensation (fill out below)</p> <p>Last four digits of SS# _____</p> <p>Unpaid compensation for services performed from _____ to _____ (date) (date)</p>		
<p>2. Date debt was incurred (must be on or after June 1, 2009)</p>	<p>3. If court judgment, date obtained</p>	
<p>4. Total Amount of Administrative Claim : \$ _____</p> <p><input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges</p>		
<p>5. Brief Description of Administrative Expense Claim (attach any additional information):</p> <p>Loss Job Loss Car Loss home Loss health</p>	<p>6. Credits. All payments made on this claim have been credited and deducted for the purpose of making this proof of claim.</p>	
<p>7. Supporting Documents</p> <p>Attach copies of supporting document, such as promissory notes, contracts, security agreements, and evidence of perfection of liens DO NOT SEND ORIGINAL DOCUMENTS</p>	<p>8. This Administrative Proof of Claim</p> <p><input type="checkbox"/> is the first filed proof of claim evidencing the claim asserted herein</p> <p><input type="checkbox"/> supplements a proof of claim filed on or about _____</p> <p><input type="checkbox"/> replaces/supersedes a proof of claim filed on _____</p>	
<p>9. Date-Stamped Copy To receive an acknowledgement of the filing to your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim</p>		
<p>Date</p>	<p>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)</p>	<p>THIS SPACE IS FOR COURT USE ONLY</p>

Penalty for presenting fraudulent claim Fine up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571

1583725359



- Please see Docket No. 11429 filed by Ms. Pickett. Due to the personal information contained in the documents, the GUC Trust did not refile them here.

 DOT Auto Safety Hotline Vehicle Owner's Questionnaire To Report Vehicle Safety Defects 1-888-DASH-2-DOT (1-888-327-4236) INTERNET: www.nhtsa.dot.gov/hotline		FOR AGENCY USE ONLY 100148	
		Date Received 22-APR-2008	Repository <input type="checkbox"/> Reference No 10225411
OWNER INFORMATION (Type or Print)		Daytime Telephone Number	
Name <u>Juanita Pickett</u>		E-mail Address	
Address		Evening Telephone Number	
City <u>DETROIT</u>	State <u>MI</u>	Zip Code	
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.			
Signature of Owner _____ Date <u>4/1/08</u>			
VEHICLE INFORMATION			
1. If the Vehicle Identification Number is located at bottom of windshield on driver's side <u>3G5DA03F835</u>		Make <u>BUICK</u>	Model <u>RENDEZVOUS</u>
		Model Year <u>2003</u>	
Date Purchased <u>01-JAN-03</u>	Dealer's Name and Telephone Number <u>BARANCO BUICK PONTIAC GMC</u>		Engine No Cylinders <u>6</u>
Original Owner <input checked="" type="checkbox"/>	Dealer's City <u>DEARBURN</u>	State <u>LA</u>	Fuel Type <u>Gas</u>
Original Owner	Zip Code <u>30047</u>		
Transmission Type <u>AUTOMATIC</u>	<input type="checkbox"/> Antilock Brakes <input type="checkbox"/> Cruise Control	Powertrain <u>FRONT WHEEL DRIVE</u>	Incident Date(s) <u>22-JUN-2004</u>
		Multiple Failure <u>1</u>	
FAILED COMPONENT(S)/PART(S) INFORMATION			
Vehicle Component Codes <u>020000 SUSPENSION, 010000 STEERING, 012000 STEERING COLUMN</u>		Failure Mileage <u>1000</u>	Failure Speed <u>5</u>
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE			
Tire Make	Tire Model (Name or Number)		Tire Size (Example P215/65R15)
DOT No. (Example DOTM19ABC036)	<input type="checkbox"/> Original Equipment <input type="checkbox"/> Prior Repair	Failure Location	
Tire Component Code	Tire Failure Type		
ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE			
Make	Date Manufactured	Model No./Name	
Seat Type	Installation System		
Child Seat Component Code	Failed Part		
APPLICABLE INCIDENT INFORMATION			
(If a crash is involved, complete the following information.)			
Crash <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of Persons Injured <u>1</u>	Number of Deaths <u>0</u>
		Reported to Police <u>Y</u>	
Narrative Description of Incident(s), Crash(es), and Injury(ies) Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, i.e., parts repaired or replaced (and if old part is available)			
<p>THE CONTACT OWNS A 2003 BUICK RENDEZVOUS. ON JUNE 22, 2004, WHILE DRIVING BETWEEN 5 AND 15 MPH, THE FRONT END OF THE VEHICLE BEGAN WOBBLING FROM SIDE TO SIDE. THE VEHICLE FLIPPED OVER TWO OR THREE TIMES. NO OTHER VEHICLES WERE INVOLVED IN THE CRASH. THE REAR AND A SIDE WINDOW WERE SHATTERED. THE VEHICLE WAS DESTROYED ACCORDING TO THE INSURANCE COMPANY. A POLICE REPORT WAS FILED. THE CONTACT HAD BEEN DRIVING FOR THIRTY MINUTES BEFORE THE CRASH OCCURRED. GM SERVICED THE HEADLIGHTS AND PERFORMED AN OIL CHANGE APPROXIMATELY FIVE MONTHS PRIOR TO THE CRASH. THE CONTACT IS STILL UNDER A DOCTOR'S CARE AND HAS CARPAL TUNNEL IN BOTH ARMS DUE TO THE CRASH. THE CURRENT AND FAILURE MILEAGES WERE 1,000. UPDATED 05/05/08 *BF*</p> <p>UPDATED 05/05/08</p>			
Include, if available, Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a Manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.			

PERSONAL REPORT OF ACCIDENT

This form should be completed when a traffic accident occurs and a law enforcement officer is not called to make a report. This report is for your personal use and should not be mailed to the Department of Motor Vehicle Safety, as it will be destroyed upon receipt.

INSTRUCTIONS:

1. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "not known".
2. Give exact time of accident (date, day and hour).
3. Under "Location of Accident" show sufficient information to locate exact scene of the accident.
4. Print or type all names and addresses.
5. Sign the report in the space provided on the reverse side.
6. Report must be complete as to exact names, birth dates, and drivers license numbers.
7. Use a second report form or a sheet of plain paper of the same size to report additional vehicles, injured persons, or witnesses, or any other information for which there is insufficient space.

Time	Date of Accident <u>8/22/04</u> Day of Week <u>Tues</u> Hour <u>3</u> A.M. <u>334</u> P.M. Weather <u>Clear</u> (Clear, Raining, Fog, Etc.)		DO NOT WRITE IN THIS SPACE
LOCATION	Place Where Accident Occurred: County <u>Dekalb</u> City, Town Or Township _____		
	If accident was outside city limits indicate distance from nearest town. Use two distances and two directions { _____ miles south-north } of { <input type="checkbox"/> limits of } _____ City or Town { _____ miles east-west } of { <input type="checkbox"/> center of } _____ If necessary, ROAD ACCIDENT OCCURRED ON: <u>Between I 285 + 85</u> Give name of street or highway number, (U.S. or State). If no highway number, identify by name. <input checked="" type="checkbox"/> At its intersection with: _____ Name of intersecting street or highway number _____ Check and complete one OR <input type="checkbox"/> Not at intersection: { _____ feet south-north } of _____ show nearest intersecting street or highway, house number, bridge, driveway or other identifying landmark. { _____ feet east-west }		
VEHICLES	YOUR VEHICLE NUMBER 1 <u>2003 Reader Ford 4000</u> Vehicle License Plate <u>1198 Ye</u> Approximate cost to repair vehicle _____ Year Make Type (sedan, truck, taxi, bus, etc.) Year State Number Driver <u>Juanita Pickett</u> <u>3136 Justice Mill CT</u> <u>Lawrenceville</u> Full Name Street City and State Driver's Occupation <u>Sales</u> Driver's License <u>058710394</u> Driver's Birth Date <u>5 16 34</u> Age <u>70</u> Sex <u>F</u> Carpenter, Sales Clerk, Etc. State Number Mo. Da Yr Owner <u>Juanita Pickett</u> <u>3136 Justice Mill CT</u> Owner's Birth Date <u>5 16 34</u> Full Name Street City and State Mo. Da Yr Parts of Vehicle Damaged <u>Total</u> Is this vehicle covered by automobile liability insurance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES TO EITHER SHOW INSURANCE COMPANY Name <u>Amac Ins</u> State Number <u>058710394</u> If vehicle not covered, did driver have liability policy applicable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>0637150401m</u> Show Policy Number Here Address <u>PO Box 66937 St Louis MO</u> Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License <u>058710394</u>		
	OTHER VEHICLE NUMBER 2 Year Make Type (sedan, truck, taxi, bus, etc.) Vehicle License Plate _____ Approximate cost to repair vehicle _____ Year State Number Driver _____ Full Name Street City and State Driver's Occupation _____ Driver's License _____ Driver's Birth Date _____ Age _____ Sex _____ Carpenter, Sales Clerk, Etc. State Number Mo. Da Yr Owner _____ Full Name Street City and State Owner's Birth Date _____ Full Name Street City and State Mo. Da Yr Parts of Vehicle Damaged _____ Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No Driver License _____ Is this vehicle or driver covered by automobile liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes show name of Insurance Company _____ State Number _____		
Space for any third vehicle on reverse side. Total vehicles involved	DAMAGE TO PROPERTY OTHER THAN VEHICLE NAME OBJECT AND STATE NATURE OF DAMAGE _____ Approximate cost to repair \$ _____ NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY _____		

Juanita Pickett
P.O. BOX 1181
Mableton Ga 30126
6/6/2012

I Juanita Pickett are APPEALING
This PROPOSE Order To CLAIMS #18839
and #10846 the DOCKET #11782
the DATE OF PROPOSE Order June 5, 2012
the Case # 09-50026 Re: this Order
was IN Bankruptcy under Judge ROBERT E
Gerber

Thank you

Phone 678-913-7114

APS0587648796

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):

- ☒ Motors Liquidation Company (f/k/a General Motors Corporation)
☐ MLCS, LLC (f/k/a Saturn, LLC)
☐ MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)
☐ MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)

Case No.

09-50026 (REG)
 09-50027 (REG)
 09-50028 (REG)
 09-13558 (REG)

Your Claim Is Scheduled As Follows:

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Name and address where notices should be sent:

PICKETT

18047

DE

3

A

Mableton Ga

6

Telephone number:

Email Address:

Name and address where payment should be made (See instruction #4 on reverse side.):

Juanita Pickett

PO Box 1181

Mableton Ga 30126

Telephone number:

678913-7114

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: (If known)

Filed on:

Oct 30, 2008

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check this box if you are the debtor or trustee in this case.

If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

1. Amount of Claim as of Date Case Filed, June 1, 2009:

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim:

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as:

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Equipment ☐ Other

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$

Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$ 24,404.60

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Date: 10/30/09

Juanita Pickett Juanita Pickett

FOR COURT USE ONLY

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

2003 RENDEZVOUS FWD - 4 DOOR

3.4L SFI V6 ENGINE

EXTERIOR OLYMPIC WHITE

4 SPEED AUTO TRANS W/OVERDRIVE

INTERIOR GRAY



B

STANDARD EQUIPMENT

Items Featured Below are included at NO EXTRA CHARGE in the Standard Vehicle Price Shown at Right

*** SAFETY & SECURITY ***

- DRIVER/FRONT PASS AIR BAGS
- BRAKES, 4-WHEEL POWER DISC
- POWER PROGRAMMABLE DOOR LOCKS
- DAYTIME RUNNING LAMPS
- CHILD SAFETY LOCKS, REAR
- REMOTE KEYLESS ENTRY
- SIDE DOOR BEAMS
- BATTERY RUNDOWN PROTECTION

*** MECHANICAL ***

- 3.4L SFI V6 ENGINE
- FRONT WHEEL DRIVE
- TIRES, P215/70R16 ALS BSV/
- 4 SPD AUTO TRANS W/OVERDRIVE
- POWER RACK & PINION STEERING
- MACPHERSON STRUT FRONT SUSP
- INDEPENDENT SHORT/LONG RR SUS

*** FEATURES ***

- FRONT FLOOR CONSOLE W/STORAGE
- AM/FM STEREO W/CD, EQUALIZER

- AUXILIARY POWER OUTLETS (3)
- CRUISE CONTROL
- DARK TINT REAR WINDOWS
- ELECTRONIC REAR DEFOGGER
- FOG LAMPS
- FRONT/REAR FLOOR MATS
- SINGLE ZONE MANUAL CLAC SYS
- LEATHER WRAPPED STEERING WHL W/REDUNDANT RADIO CONTROLS
- UNIVERSAL GARAGE TRANSMITTER
- DRVR ILLUM VISOR VANITY MIRR
- OUTSIDE REMOTE MIRRORS, BLACK
- PWR WIND W/DRIVER EXP DOWN
- POWER REMOTE LIFTGATE RELEASE
- CLOTH SEATS
- 50/50 SPLIT 2ND ROW BNCH SEAT
- DRIVER 4-WAY MANUAL ADJ SEAT
- DRVR/PASS 2-WAY MAN LUMB SEAT
- 16" STEEL WHEEL
- 18 GAL FUEL TANK (APPROX)

STANDARD V Options Installe

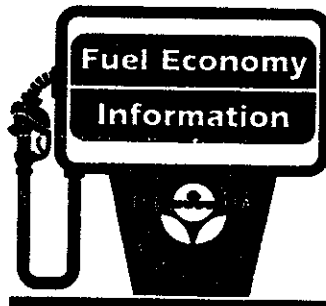
CX FWD PAC

50-STATE EM

Compare this vehicle to others in the **FREE FUEL ECONOMY GUIDE** available at the dealer.

CITY MPG

19



HIGHWAY MPG

26

Actual mileage will vary with options, driving conditions, driving habits and vehicle condition. Results reported to EPA indicate that the majority of vehicles with these estimates will achieve between

16 and 22 mpg in the city
and between
22 and 30 mpg on the highway.

2003 RENDEZVOUS FWD
3.4 LITER V6 ENGINE
FUEL INJECTION, AUTOMATIC
4 SPD ELECTRONIC TRANS
CATALYST, FEEDBACK FUEL SYSTEM

ESTIMATED ANNUAL FUEL COST: \$1058

For comparison shopping,
all vehicles classified as
SPECIAL PURPOSE
have been issued mileage
ratings ranging from
10 to 25 mpg city and
13 to 31 mpg highway.

BEA

TOTAL VEHIC
DESTINATION
TOTAL VE

DEALER TO WHOM DELIVERED BARANCO BUICK PONTIAC GMC
4355 HWY 78
LILBURN GA 30047

FINAL ASSEMBLY RAMOS ARIZPE, MEXICO



VIN 3G5DA03E83S529433

ORDER NO FPMCK6
MODEL NO 4BK26
SALES CODE E
DEALER NO 16-191

This label has been applied to
the ultimate purchaser. *Incl
Does not include dealer instr
PART NO. 10283715



BUICK®

Division of General Motors Corporation



MANUFACTURER'S SUGGESTED RETAIL PRICE

CHARGE in the Standard Vehicle Price Shown at Right

- AUXILIARY POWER OUTLETS (3)
- CRUISE CONTROL
- DARK TINT REAR WINDOWS
- ELECTRONIC REAR DEFROSTER
- FOG LAMPS
- FRONT/REAR FLOOR MATS
- SINGLE ZONE MANUAL HEAC SYS
- LEATHER WRAPPED STEERING WHL
- W/REDUNDANT RADIO CONTROLS
- UNIVERSAL GARAGE TRANSMITTER
- DRVR ILLUM VISOR VANITY MIRR
- OUTSIDE REMOTE MIRRORS, BLACK
- PWR WIND W/DRIVER EXP DOWN
- POWER REMOTE LIFTGATE RELEASE
- CLOTH SEATS
- 50/50 SPLT 2ND ROW BNCH SEAT
- DRIVER 4-WAY MANUAL ADJ SEAT
- DRVR/PASS 2-WAY MAN LUMB SEAT
- 16" STEEL WHEEL
- 18 GAL FUEL TANK (APPROX)

STANDARD VEHICLE PRICE

\$25,120.00

Options Installed by Manufacturer

CX FWD PACKAGE	NO CHARGE
50-STATE EMISSIONS	NO CHARGE

FUEL ECONOMY GUIDE available at the dealer.



HIGHWAY MPG

26

VOUS FWD
ENGINE
ION, AUTOMATIC
TRONIC TRANS
FEEDBACK FUEL SYSTEM

For comparison shopping,
all vehicles classified as
SPECIAL PURPOSE
have been issued mileage
ratings ranging from
10 to 25 mpg city and
13 to 31 mpg highway.

ANNUAL FUEL COST: \$1058

BEA

TOTAL VEHICLE & OPTIONS	\$25,120.00
DESTINATION CHARGE	625.00
TOTAL VEHICLE PRICE*	\$25,745.00

FINAL ASSEMBLY RAMOS ARIZPE, MEXICO
 3G5DA03E83S529433

ORDER NO FPHCK6
 MODEL NO 4BK26
 SALES CODE E
 DEALER NO 12-101

This label has been applied pursuant to Federal law—Do not remove prior to delivery to the ultimate purchaser. *Includes Manufacturer's Recommended Pre-Delivery Service. Does not include dealer installed options and accessories, local taxes or license fees.
 PART NO. 10283715

©1995 General Motors Corporation

RV

2CC0183647

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

MONGE & ASSOCIATES

Telephone: 404.870.8503

Facsimile: 404.870.8502

1858 Independence Square
Suite D
Atlanta, Georgia 30338

February 11, 2005

Greater Atlanta Primary Care
Billing Request
2020 Lawrenceville Suwanee Rd., Suite 101
Suwanee, Georgia 30024
770.822.4120

Re: Patient/Client: Juanita Pickett
Date of Birth: 05/16/34
Social Security No.: 369-36-4803
Treatment Date: June 22, 2004 to present

REQUEST FOR MEDICAL BILLING

Dear Sir or Madam,

We represent the above referenced patient in a pending personal injury matter.

Since the at fault party is ultimately responsible for payment or reimbursement of medical bills arising from their negligence, it is crucial that we receive a billing summary of treatment charges with regard to the above referenced injury/condition.

This summary should include all charges for treatment and supplies, but SHOULD NOT REFLECT THE PAYMENTS, IF ANY, MADE BY INSURANCE CARRIERS, as this would be improper evidence.

I have enclosed a Medical Authorization form which authorizes us to receive this information to expedite this request.

Thank you for your prompt attention to this matter.

Very truly yours,



Sherrie Mitchell
Legal Assistant to Marc Grawert

cc: Ms. Pickett
MG/sa
Enclosure: Medical Authorization

Mail Code 482CROD71

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
MONGE & ASSOCIATES
Telephone: 678.579.0203
Facsimile: 678.579.0204

1858 Independence Square
Suite D
Atlanta, Georgia 30338

August 15, 2005

ESIS /GM Central Claims Unit
Claims Dept., Ms. Tanya Morris
P.O. Box 300
Mail Code 482 C20 D71
Detroit, Michigan 48265-3000
1.800.888.0164

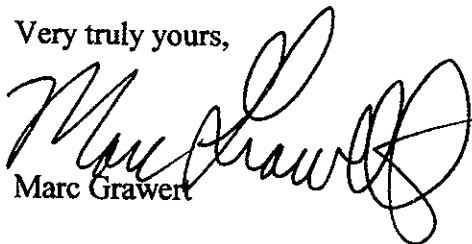
Re:	Your Insured:	General Motors Corporation
	Claim No.	484196
	Our Client:	Juanita Pickett
	Date of Loss:	June 22, 2004

Dear Ms. Morris,

Please be advised that our office continues to represent the above-referenced client. You can expect to hear from us within the next several weeks regarding her claim.

With kindest regards, I remain,

Very truly yours,


Marc Grawert

MG/sam

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION

I, the undersigned, hereby authorize the following Authorized Health Care Providers to make the authorized use and/or disclosure of confidential information contained in my medical records to ESIS at the address below:

Name, address, telephone number of medical provider:

Name, address, telephone number of medical provider:

Name, address, telephone number of medical provider:

Name, address, telephone number of medical provider:

Name, address, telephone number of medical provider:

Name, address, telephone number of medical provider:

I understand that the purpose(s) for which this information is to be used and/or disclosed is for a product liability claim against General Motors Corporation for an incident which occurred on or about 06/22/04.

The confidential information from my medical records and/or x-rays to be disclosed has no limitations as to the dates of visits or injuries to be disclosed. I understand that full disclosure is authorized. This includes interviews of doctors, EMTs, and other attendants regarding all matters relating to my examination, diagnosis, care, and treatment.

I understand that:

- I have a right to inspect or copy my confidential information that is to be used or disclosed.
- if my confidential health information is disclosed to someone who is not required to comply with the federal privacy protection regulations, then such information may be re-disclosed by the recipient and would no longer be protected.
- I may revoke this authorization at any time with respect to any Authorized Health Care Provider by notifying such Authorized Health Care Provider in writing of my revocation of this authorization and delivering to such Authorized Health Care Provider my revocation by mail or personal delivery. ESIS requests a copy of such revocation.

A photocopy of this Authorization can be accepted with the same authority as the original.

Printed Name of Patient*	Date of Birth
Address, City, State and Zip	Social Security Number
Signature of Patient or Personal Representative*	Date Signed
Relationship to individual*	Authority to act for individual*

*If you are a personal representative signing this Authorization, please provide a description of your relationship to the individual and a description of your authority to act for the individual below.

EXPIRATION OF AUTHORIZATION: THIS AUTHORIZATION FOR USE AND/OR DISCLOSURE OF CONFIDENTIAL MEDICAL INFORMATION WILL REMAIN IN EFFECT FOR AS LONG AS MY CLAIM AGAINST GENERAL MOTORS CORPORATION IS PENDING UNLESS IT IS EXPRESSLY REVOKED IN WRITING BY ME AS NOTED ABOVE.

**ESIS – General Motors Claims
PO Box 300
M/C 482-C20-D71
Detroit, MI 48265-3000**

Claim Number: 484196
Claims Administrator: Tanya R. Morris

ESIS is the third-party administrator for General Motors Corporation.

MESSAGE CONFIRMATION

FEB-11-2005 02:27PM FRI

NAME/NUMBER : 13136650911
PAGE : 002
START TIME : FEB-11-2005 02:27PM FRI
ELAPSED TIME : 00'36"
MODE : G3 STD ECM
RESULTS : [O.K]

FAX NUMBER: 4048708502
NAME : MONGE ASSOCIATES

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
MONGE & ASSOCIATES
Telephone: 404.870.8503
Facsimile: 404.870.8502

1858 Independence Square
Suite D
Atlanta, Georgia 30338

February 11, 2005

**VIA FACSIMILE 313.665.0911 AND
CERTIFIED MAIL - RETURN RECEIPT**

ESIS /GM Central Claims Unit
Claims Dept., Ms. Tanya Morris
P.O. Box 300
Mail Code 482 C20 D71
Detroit, Michigan 48265-3000
1.800.888.0164

Re: **Demand for Pre-Suit Disclosure of Insurance Limits**
Your Insured: General Motors Corporation
Claim No. 484196
Our Client: Juanita Pickett
Date of Loss: June 22, 2004

Dear Ms. Morris,

Please be advised that our office has been retained to provide legal representation on behalf of the referenced client concerning personal injuries incurred as a result of vehicle rollover.

Pursuant to O.C.G.A. §33-3-28A, you are required to provide us with the following policies covering your insured: motor vehicle liability policy coverages, name of each insured and the limits of coverage and all other policies or coverage available. Copies of the Declaration Pages of all policies which may provide coverage with regard to this incident may be substituted for the specific information requested above.

Please do not attempt to speak with our client with regard to the facts surrounding this accident, emergency medical treatment sought or follow up therapy.

I will look forward to working with you on this matter. With kindest regards, I remain,

Very truly yours,


Marc Grawert

cc: Ms. Pickett
MG/sa

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
MONGE & ASSOCIATES
Telephone: 678.579.0203
Facsimile: 678.579.0204

1858 Independence Square
Suite D
Atlanta, Georgia 30338

October 27, 2005

Ms. Juanita Pickett
3136 Justice Mill Court
Lawrenceville, Georgia 30044

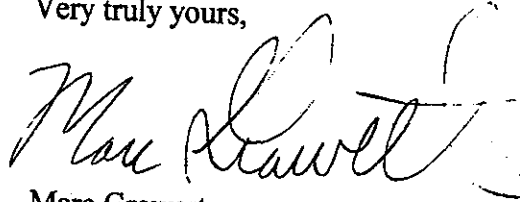
Dear Ms. Pickett,

Please contact me on your receipt of this correspondence to discuss a recent settlement offer made on your pending personal injury case.

I look forward to hearing from you soon.

With kindest regards, I remain,

Very truly yours,



Marc Grawert

MG/sam

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
MONGE & ASSOCIATES
Telephone: 678.579.0203
Facsimile: 678.579.0204

1866 1905600
EX 1180
1858 Independence Square
Suite D
Atlanta, Georgia 30338

October 28, 2005

*1866 1905600
EX 1180
11/180
484196 ang
auten
5x*
Ms. Juanita Pickett
3136 Justice Mill Court
Lawrenceville, Georgia 30044

Dear Ms. Pickett,

I regret to say that we will not be able to provide legal representation related to your personal injury case and am returning your file. The insurance carrier involved in your case has denied liability on the claim and has made a top offer of \$2,500.00. Should you desire to accept this offer, you will need to contact Ms. Tanya Morris with General Motors at 1-800-888-0164. You will need to refer to claim number 484196.

Neither myself nor my staff will be taking any further action on this matter. This decision is based on our opinion that the risk in pursuing this matter further outweighs any potential benefit to be gained. Please note that the statute of limitations for bringing a personal injury case is two years from when your cause of action accrued. If your claim is not filed within the proper time period it is forfeited. If you have any questions, I would recommend that you consult an attorney as soon as possible.

While we are no longer representing you in this particular case, we wish you the best in the times ahead. Please feel free to contact us in the future should you need our services in connection with representation in any new or different matters.

With kindest regards, I remain,

Very truly yours,

Marc Crawert
Marc Crawert

MG/st
Enclosures



GWINNETT HOSPITAL SYSTEM

1000 Medical Center Blvd. 678-442-4440

Gwinnett Women's Pavilion
Lawrenceville, GA

Joan Glancy Memorial Hospital
Duluth, GA

Glancy Outpatient Center
Duluth, GA

575 Outpatient Imaging Center
Lawrenceville, GA

RADIOLOGY CONSULTATION REPORT

NAME:	PICKETT, JUANITA	EXAM #:	E-03026222
EXAM:	XR CERVICAL SPINE, W/OBL (ROUT	PT Rm/Bed	B08/O
PT LOCATION:	EMERGENCY ROOM, Gwinnett Medical Center	MR #:	744913
ORDERED BY:	KEITH BUCHANAN JR MD	DOB:	05/16/1934
ORDERED:	06/22/2004 22:20	BY:	WEBB, JESSE
SERVICE DATE:	06/23/2004		
ACCOUNT #:	13873815		

XR CERVICAL SPINE, W/OBL (ROUT

- I. LATERAL CERVICAL SPINE
- II. CERVICAL SPINE WITH OBLIQUES

FINDINGS: Routine views demonstrate osteopenia. No fracture or subluxation is demonstrated. There is no bone destruction, prevertebral swelling, or disc space narrowing.

IMPRESSION: No fracture or subluxation.

DICTATED BY:

STEPHEN F LEGUM, M.D.

Released By: STEPHEN F LEGUM, M.D.

Transcribed By: TLMU

Jun 23, 2004 19:15:44

06/23/2004 09:32:30



Patient Financial Services

PO Box 116228 Atlanta, GA 30368

PHONE: 866-220-5813 FAX: 888-771-1293

Date: 11/14/2005

Your Assistance Is Needed

JUANITA PICKETT
3136 JUSTICE MILL CT
LAWRENCEVILLE, GA 30044

Patient: JUANITA PICKETT
Account: 13873815
Service Period: 6/22/2004-6/23/2004
Total Due: \$1,691.00

Dear JUANITA PICKETT:

The amount of \$1,691.00 is currently outstanding in our business office. We have billed your insurance and to date have not received payment.

PLEASE CONTACT YOUR INSURANCE CARRIER IMMEDIATELY REGARDING YOUR ACCOUNT.

Please see that attached summary of the insurance company that we currently have on record for you. If the information is not correct, please send changes to us in the enclosed envelope.

We appreciate your help in resolving this outstanding balance.

If you have any questions, please call our customer service line at 866-220-5813.

*Robin Here is 18 page there are more i Big
one in 2007 where I went to Emergency in
an ambulance*

Call 313 272 3013

P.O. BOX 1190
 LAWRENCEVILLE, GEORGIA 30046
 678-442-5600

PATIENT	TYPE/CLASS	SERVICE	THROUGH	PAGE	STMT. DATE
JUANITA PICKETT	8/0	06/22/04	06/23/04	70 Y MC40	2 02/21/05

RESPONSIBLE PARTY

JUANITA PICKETT
 3136 JUSTICE MILL CT
 LAWRENCEVILLE, GA 30044

ADMIT DATE	DISCHARGE DATE
06/22/04	06/23/04
STAY	ACCOUNT NO.
0	13873815-01
GUARANTOR NO.	AMOUNT PAID
369364803	
HISTORY NO.	
744913	\$

ITEMIZED STATEMENT

PATIENT	ACCOUNT NO.	SERVICE	THROUGH	PAGE
JUANITA PICKETT	13873815-01	06/22/04	06/23/04	2

DATE	ITEM#	HCPCS	DESCRIPTION	QTY	AMOUNT
*** TOTAL					1,691.00

- PLEASE KEEP THIS ITEMIZED BILL FOR YOUR INCOME TAX AND OTHER RECORDS, THIS IS THE ONLY ITEMIZED BILL YOU WILL RECEIVE.
- YOU ARE RESPONSIBLE FOR PAYMENT OF YOUR BILL, IF NOT PAID BY YOUR INSURANCE COMPANY.
- FEES FOR PHYSICIAN'S PROFESSIONAL SERVICES WILL BE BILLED DIRECTLY BY THE PHYSICIANS.

DOS	Patient	CPT	Procedure	Charge
07/07/04	JUANITA	99205	OFFICE/OUTPATIENT	\$220.00
07/07/04	JUANITA	81002	URINALYSIS NONAUT	\$10.00
07/07/04	JUANITA	G0001	ROUTINE VENIPUNCT	\$15.00
07/22/04	JUANITA	99212	OFFICE/OUTPATIENT	\$80.00
08/12/04	JUANITA	99212	OFFICE/OUTPATIENT	\$80.00
11/29/04	JUANITA	99212	OFFICE/OUTPATIENT	\$80.00

830
245

240
220
460
150
485

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH
MASS TORTS

Law Offices of
MONGE & ASSOCIATES
Writer's Direct: 678.579.9157
mgrawert@injurylawattorneys.org

858 Independence Sq., Ste. D
Atlanta, Georgia 30338
Telephone: 404.870.8503
Facsimile: 404.870.8502

August 22, 2005

Ms. Juanita Pickett
3136 Justice Mill Court
Lawrenceville, Georgia 30044

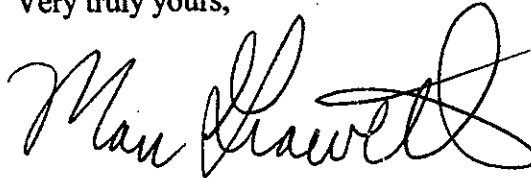
Dear Ms. Pickett,

Please find enclosed a Payroll and Personnel Records Authorization which will allow our office to obtain information pertaining to your lost wage claim. Please complete the form by indicating your dates of employment, your department, and the address and phone number of your employer in the appropriate spaces. Please also sign and date the form and return it to me in the self-addressed, stamped envelope provided.

Should you have any questions or concerns, please feel free to contact me anytime.

With kindest regards, I remain,

Very truly yours,



Marc Grawert

MG/st